MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
10/585592	7-10-06

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1					52						
3							53						
4		4					54						
5		4					55						
6		4					56						
7		4					57						
8		4					58						
9		4					59						
10		4					60						
11		8					61						
12		8					62						
13		8					63						
14		8					64						
15		8					65						
16		8					66						
17	1						67						
18							68						
19							69						
20		8					70						
21		8					71						
22							72						
23							73						
24							74						
25		3					75						
26		8					76						
27		8					77						
28		8					78						
29		8					79						
30		8					80						
31		8					81						
32		8					82						
33		8					83						
34		8					84						
35		8					85						
36		8					86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	4		4	1									
TOTAL DEP.	53		33										
TOTAL CLAIMS	57		37										